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FOR CANDIDATES (section 106.021(1), F.S.) (PLEASE TYPE) Name of Candidate 1. Address (include post office box or street, city, state, zip code) 5-555			Original Appointment
Rection 106.02(1), F.s.) Secondary Depository (PLEASE TYPE) Name of Candidate Per VILL AUGUS VO Telephone (optional) 1. Address (include post offlipe box or stopet, city, state, zip code) 5.55.5 Collins Hue #15.77 Miami Beach T. 33.140 Telephone (optional) 2. Party (Partisan candidates only) 3. Office (add district, circuit or group number) 3. Office (add district, circuit or group number) 4. Name of peasurer or Deputy Treasurer Deputy Treasurer 5. Mailing Address (if post office box or drawer add street address) 5. State 10. Zip Code 3. State 11. Agre of Bank 12. Street Address 13. City 14. County 15. State 16. Zip Code 3. 140 17. Signahire of Candidate VO Campaign Treasurer Deputy Treasurer tor the campaign of Bernal August Parties of Campaign Treasurer Date Campaign Treasurer Deputy Treasurer for the campaign of Bernal August Parties of Campaign Treasurer Date Campaign Treasurer Deputy Treasurer for the campaign of Bernal August Parties of Campaign Treasurer or Deputy Treasurer County, Florida, I am qualified to accept this appointment. X Signature of Campaign Treasurer or Deputy Treasurer County, Florida, I am qualified to accept this appointment.	AND DESIGNATION OF CAMPAIGN	DEPOSITORY	Deputy Treasurer
Name of Candidate 1. Address (include post office box or street, city, state, zip code)	FOR CANDIDATES	U. CULLAR SULLE	Reappointment of Treasurer
Name of Candidate 1. Address (include post office box or street, city, state, zip code) 5.555 Collins Hu2 #/577 Miami Beach E 33 I/O Telephone (optional) 1. Party (Partisan candidates only) 1. Office (add district, circuit or group number) 3. Office (add district, circuit or group number) 3. Office (add district, circuit or group number) 4. Name of Upsacurer or Deputy Treasurer 5. Mailing Address (If post office box or drawer add street address) 5. Mailing Address (If post office box or drawer add street address) 5. State 10. Zip Code 3. State 11. Agne of Bank 12. Street Address 13. State 14. County 15. State 16. Zip Code 3. State 16. Zip Code 3. State 17. Zip Code 18. State 19. State 19. State 10. Zip Code 19. State 10. Zip Code 10. Zip Code 10. Zip Code 11. State 12. Street Address 13. J. V. O 1. W. L. Norney You of Any Additions OR CHANGES TO THESE APPOINTMENTS. 17. Signature of Candidate 17. Signature of Candidate 18. Campaign Treasurer 19. Deputy Treasurer for the campaign of Bernie Address Campaign Treasurer 19. Deputy Treasurer for the campaign of Bernie Address Candidate to the office of Campaign Treasurer or Deputy Treasurer County, Florida, I am qualified to accept this appointment. 19. Signature of Campaign Treasurer or Deputy Treasurer 10. Signature of Campaign Treasurer or Deputy Treasurer	(Section 106,021(1), F.S.)		Secondary Depository
Telephone (optional) 2. Party (Partisan candidates only) 3. Office (add district, circuit or group number) Commissional Deputy Treasurer 1. Name of Deputy Treasurer 5. Mailing Address (if post office box or drawer add street address) 7. City 8. County 9. State 10. Zip Code 8. Supposition 11. Name of Bank 12. Street Address 13. Otty 14. County 15. State 16. Zip Code 17. Oth 18. City 19. State 10. Zip Code 19. State 10. Zip Code 11. Name of Bank 12. Street Address 13. Otty 14. County 15. State 16. Zip Code 17. Oth 18. City 19. State 19. Zip Code 19. State 19. Zip Code 19. State 19. State 19. Zip Code 19. State 19. State 19. State 19. State 19. State 19. Zip Code 19. State 19. State 19. Zip Code 19. State 19. State 19. State 19. Zip Code 19. State 19. Sta	(PLEASE TYPE)		
Telephone (optional) 30	Name of Candidate		
Telephone (optional) 2. Party (Partisan candidates only) 3. Office (add district, circuit or group number) 3. Office (add district, circuit or group number) 4. Name of Treasurer Deputy Treasurer 5. Mailing Address (if post office box or drawer add street address) 5. Mailing Address (if post office box or drawer add street address) 5. So	Revise Havarro		
I have appointed the following person to act as my 4. Name of Treasurer or Deputy Treasurer 5. Mailing Address (If post office box or drawer add street address) 5. Mailing Address (If post office box or drawer add street address) 6. Telephone 8. County 9. Staty 9. Staty 10. Zip Code 11. Name of Bank 12. Street Address 13. City 14. County 15. Staty 16. Zip Code 17. City 18. County 19. Staty 19. Staty 10. Zip Code 19. Staty 10. Zip Code 10.			
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7. City MB B. County B. County B. Sale B. S			elephone
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11. Name of Bank 12. Street Address 15. State 16. Zip Code 13. City 14. County 15. State 16. Zip Code 16. Zip Code 17. Old 18. State 16. Zip Code 18. State 18. Zip Code 18. State 18. Zip Code 18. Zip Code 19. Zip Code 19. Zip Code 19. Zip Code 19. Zip Code 20. Zip Code		9. State	10. Zip Code
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13. City 12. County 15. State 16. Zip Code 3 3 1 / 0 I WILL NOTIFY YOU OF ANY ADDITIONS OR CHANGES TO THESE APPOINTMENTS. 17. Signature of Candidate Date 17 0/ 0/ Campaign Treasurer's Acceptance of Appointment (Please Print or Type) Campaign Treasurer Deputy Treasurer for the campaign of Berne New Owner, who is seeking nomination or election as a Candidate to the office of County, Florida, am qualified to accept this appointment. County, Florida, am qualified to accept this appointment.	I have designated the following named bank as my Primary Depository Secondary Depository		
13. City 14. County 15. State 16. Zip Code 3 3 1 40 1 WILL NOTIFY YOU OF ANY ADDITIONS OR CHANGES TO THESE APPOINTMENTS. 17. Signal are of Candidate Campaign Treasurer's Acceptance of Appointment 1. Campaign Treasurer Campaign Treasurer Deputy Treasurer for the campaign of Bernel New You candidate to the office of Campaign Treasurer Deputy Treasurer As a duly registered voter in Date County, Florida, am qualified to accept this appointment.			
I WILL NOTIFY YOU OF ANY ADDITIONS OR CHANGES TO THESE APPOINTMENTS. 17. Signature of Candidate Campaign Treasurer's Acceptance of Appointment Campaign Treasurer Deputy Treasurer for the campaign of Berne Candidate to the office of Campaign Treasurer County, Florida, I am qualified to accept this appointment. Signature of Campaign Treasurer or Deputy Treasurer Signature of Campaign Treasurer or Deputy Treasurer	13. City) 14. County		16. Zip Code 3 3 1 40
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who is seeking nomination or election as a ONDER COMP COMP COMP COMP COMP COMP COMP COMP			
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County, Florida, am qualified to accept this appointment. Date Date Or OUP L As a duly registered voter in Dutc X Signature of Campaign Treasurer or Deputy Treasurer			
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1607548 (1517547) 1 1 1 27 1 1	DS.DE 9 /Ray 11/95)	<u> </u>	

RECEIVED

STATEMENT OF CANDIDATE DI JAN 18 AM IO: 23

CITY CLERK'S OFFICE

(Section 106.023, F.S.)

(Please Type)

candidate for the office of Commissioner Group 2;
have received, read and understand the requirements of Chapter 106,
Florida Statutes.
X Signature of Candidate Date

Each candidate must file a statement with the qualifying officer within 10 days after the Appointment of Campaign Treasurer and Designation of Campaign Depository is filed. Willful failure to file this form is a first degree misdemeanor and a civil violation of the Campaign Financing Act which may result in a fine of up to \$1,000, (ss. 106.19(1)(c), 106.265(1), Florida Statutes).